

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90048 009 ***150.00

DOCUMENT # F99000003025

1. Entity Name
NLP ENTERPRISES, INC.

Principal Place of Business Mailing Address
14661 SO. HARRELL'S FERRY ROAD 14661 SO. HARRELL'S FERRY ROAD
BATON ROUGE LA 70816 BATON ROUGE LA 70816-2927

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **72-1113076** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PARKER, NORMAN L | |
| STREET ADDRESS | 6947 GOVERNMENT ST. | |
| CITY-ST-ZIP | BATON ROUGE LA 70806 | |
| TITLE | EVP | <input type="checkbox"/> Delete |
| NAME | LEMOINE, DAVID C | |
| STREET ADDRESS | 735 CONA DR. | |
| CITY-ST-ZIP | BATON ROUGE LA 70815 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | PARKER, SHARON L | |
| STREET ADDRESS | 6947 GOVERNMENT ST. | |
| CITY-ST-ZIP | BATON ROUGE LA 70806 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | SMITH, GENE P | |
| STREET ADDRESS | 5503 N. SNOWDEN DR. | |
| CITY-ST-ZIP | BATON ROUGE LA 70817 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | IRVIN, CLAUDIA B | |
| STREET ADDRESS | 5821 DOGWOOD DR. | |
| CITY-ST-ZIP | RALEIGH NC 27616 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | MCINTYRE, GEORGE M | |
| STREET ADDRESS | 5513 PEAKTON DR. | |
| CITY-ST-ZIP | RALEIGH NC 27614 | |

| | | | | |
|-------|------|----------------|-------------|---|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon L. Parker* **CEO** **SHARON L PARKER 3/1/00 225-755-2244**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21 (0-4-11/11)